MISSOURI HOSPITAL ASSOCIATION

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February 12, 2021

The Joint Commission
Department of Standards and Survey Methods
Proposed New and Revised Requirements for Workplace Violence
Prevention in Hospital and Critical Access Hospital Accreditation
Programs Field Review
One Renaissance Blvd.
Oakbrook Terrace, IL 60181

TO WHOM IT MAY CONCERN:

The Missouri Hospital Association, on behalf of its member hospitals accredited by The Joint Commission, would like to offer comment regarding the proposed revisions to standards pertaining to workplace violence prevention programs.

MHA is well positioned to provide comment to these proposed revisions following the development and execution of a comprehensive technical support effort engaging federal and state leaders, hospital executives, program managers and community partners from 2017 to present day. In this initiative, MHA developed a standardized definition for workplace violence, facilitated education and networking between member hospital staff and law enforcement, launched a pilot data collection initiative to gauge prevalence, and promoted a toolkit to develop comprehensive workplace violence programs.

The proposed revisions to the elements of performance for hospitals, including Critical Access Hospitals, outline the necessity for leadership engagement, education and training, risk assessments and data analytics — critical elements to an effective workplace violence program.

However, lack of clarity and conflicting missions of the Centers for Medicare & Medicaid Services and the Occupational Safety and Health Administration create tremendous challenges for health care providers seeking to develop programs that meet the expectations of both. CMS focuses on the patient, OSHA, on the hospital employee. In 2018, Congress included language in P.L. 115-245 directing CMS and OSHA to prepare a joint report by March 25, 2019, for the House and Senate Appropriations Committees. The report was to address how the agencies could "collaborate to strengthen protections and support safe environments for healthcare workers, patients, families, and visitors." While the intent of the report was to lay clear groundwork for consistent guidelines for hospitals pertaining to workplace violence, the report, issued in August 2019 provided no such resolution. Hospitals remain caught between conflicting regulatory expectations in their efforts to address workplace violence in the health care setting.

The addition of TJC's Elements of Performance will add a third, competing requirement for hospitals to incorporate. This is especially true as it relates to the use of security staff and external law enforcement; two classifications of individuals that CMS generally comments should only be involved in the event a law has been broken. However, we know the important role of security staff in keeping patients, visitors and staff safe. We also know hospitals are part of a community ecosystem and law enforcement engages with most every part of that system. Hospitals cannot toggle between regulatory bodies depending on which body is surveying, especially when faced with CMS complaint and validation surveys in a hospital accredited by your organization.

The presence of conflicting ideologies on workplace violence will make it difficult for hospitals to define what does and does not constitute workplace violence. It currently is unclear how TJC defines workplace violence — specifically if it encompasses any violence that occurs within the facility, or if it is specific to incidents impacting patients or staff. It appears the proposed standards would leave it up to the hospital to define workplace violence, however, clarifying this within the standards may help with the establishment of a clear program. Many, if not most of, our hospitals already have policies and procedures in place to define and address workplace violence, yet, when surveyed by regulatory bodies they find themselves being scrutinized and penalized depending on the surveyors or agencies underlying ideology.

MHA remains concerned that regulatory bodies are not in agreement on what constitutes workplace violence, leaving hospitals without needed direction and actionable plans. Further, hospital environments are evolving due to the ongoing response to the COVID-19 pandemic.

Visitor management, a critical component of a successful workplace violence mitigation program, has been redefined through the response to COVID-19. As cases spread in early spring of last year, hospitals across the nation restricted visitors to reduce the spread of the virus and limit risk among their staff and patients. Many facilities reduced access points to effectively route and efficiently screen all individuals for COVID-19 symptoms upon entering their buildings. The reduction of visitors and the personal engagement of all individuals through the COVID-19 screening process, provided unintended benefit to safeguarding the care environment from incidents of violence. Although hospitals recognize the value and necessity of visitors in the patient care experience, early indication is that hospital security programs will maintain portions of these screening processes in their post COVID-19 safety and security programs.

Additional evaluation of these pandemic visitor policies and their impact on violence reduction could help inform TJC's work in this area. We would encourage you to use this once-in-a-generation opportunity to study the effect of these policies on violence mitigation and use those learnings to engage federal regulatory agencies on the aforementioned congressional expectation of alignment of regulatory standards.

Given the regulatory contradictions and the ongoing response and recovery to the COVID-19 pandemic, we encourage TJC to delay implementation of any new standards and facilitate hospital, state and federal partnerships and best practices to address workplace violence.

If you have any questions, you may contact me at 573-893-3700, ext. 1332, or hkuhn@mhanet.com.

Sincerely,

Herb B. Kuhn
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